

ELIGIBILITY DOCUMENTATION LOG

Case Name: _____ Case No. _____

1. Eligibility for following programs considered:

2. Assistance Planning/Household Composition By Program (Include reasons for excluding mandatory person in assistance plan and basis for medical assistance planning decisions):

3. Student Eligibility (FA - Include reasons why student is included/excluded from assistance plan):

4. Resources (Include reasons for exempting a countable resource or counting an exempt resource):

5. Income (Include a list of paychecks and/or calculations used in prospective determinations or in establishing an average. Attach screen prints of Self-Employment Worksheet when applicable.):

6. Explanation of Program Denial (Must include detailed explanation of denial.):

Worker

Date